

Maryland State Department of Education  
Office of Child Care  
**TOPICAL BASIC CARE PRODUCT APPLICATION  
AUTHORIZATION FORM**

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

**CHILD'S NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Product Name:

Diaper Rash product: \_\_\_\_\_

Date Received: \_\_\_\_\_

Sunscreen: \_\_\_\_\_

Date Received: \_\_\_\_\_

Insect Repellent: \_\_\_\_\_

Date Received: \_\_\_\_\_

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

|                                 |                    |
|---------------------------------|--------------------|
| PARENT/GUARDIAN PRINTED NAME    | PHONE NUMBER       |
| PARENT/GUARDIAN SIGNATURE       | DATE               |
| NAME OF STAFF RECEIVING PRODUCT | SIGNATURE AND DATE |

| DATE (ONCE PER DAY) | PRODUCT (check box) |           |        | REACTIONS OBSERVED (IF ANY) | SIGNATURE |
|---------------------|---------------------|-----------|--------|-----------------------------|-----------|
|                     | Diaper              | Sunscreen | Insect |                             |           |
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| DATE | PRODUCT |           |        | REACTIONS OBSERVED (IF ANY) | SIGNATURE |
|------|---------|-----------|--------|-----------------------------|-----------|
|      | Diaper  | Sunscreen | Insect |                             |           |
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